



CITY OF SAINT PAUL
Christopher B. Coleman, Mayor

COMMERCE BUILDING
8 Fourth St. E, Suite 200
Saint Paul, Minnesota 55101-1024

Telephone: 651-266-9090
Facsimile: 651-266-9124
Web: www.stpaul.gov/dsi

REQUEST FOR FENCE VARIANCE
\$25 PER FENCE VARIANCE

Folder #

ADDRESS OF VARIANCE: _____

OWNER ADDRESS: _____

CONTRACTOR ADDRESS: _____

CITY _____ STATE _____ ZIP _____

CITY _____ STATE _____ ZIP _____

PHONE W/AREA CODE _____ - _____ - _____

PHONE W/AREA CODE _____ - _____ - _____

FAX W/AREA CODE _____ - _____ - _____

FAX W/AREA CODE _____ - _____ - _____

FENCE DETAILS REQUIRED (A site plan indicating the location of the fence must be provided with this application)

Proposed length of fence (total lineal feet)

Length of Fence: _____

Proposed height of fence

Feet: _____ Inches: _____

Will the fence be erected on a corner lot?

Yes _____ No _____

Type of Fence: _____ Non-Obscuring Fence

_____ Privacy Fence

_____ Barbed Wire Fence

Fence Location: _____ Perimeter of Entire Yard

_____ Front Yard Only

_____ Rear or Side Yard Only

Sec. 33.07. Fences--Requirements.

Variances. A variance of the fence height regulations may be granted if, after investigation by the building official, it is found that site, or terrain, or nuisance animal conditions warrant a waiver of the height restrictions.

The property on which the fence is proposed satisfies the variance criteria (underlined in preceding box) for the following reason(s):

Check at least one item below and state the reason(s) you believe the property qualifies for variance consideration

_____ SITE CONDITIONS

_____ TERRAIN CONDITIONS

_____ NUISANCE ANIMAL CONDITIONS

REASON FOR VARIANCE REQUEST:

----- Office Use Only Below This Line -----

INSPECTOR'S OBSERVATIONS: _____

INSPECTORS NAME: _____ Phone: 651 - _____ - _____

_____ **APPROVED** Date: _____ Building Official: _____ Phone: 651 - _____ - _____

_____ **DENIED** (This decision may be appealed to the legislative hearing officer by calling 651-266-8560.)

RETURN SIGNED RECOMMENDATION TO: _____ **AT THE FRONT COUNTER.**

PAYMENT CAN BE MADE BY CREDIT CARD

ACCOUNT NUMBER

MasterCard/Visa/Discovery/American Express

EXPIRATION DATE

																		month	year

Signature of Card Holder (required for all charges)

DATE

Revised: 3/15/2007